

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Sedgwick</u>	<u>SENE SE</u>	<u>36</u>	<u>25</u>	<u>1</u> EW																											
Distance and direction from nearest town or city street address of well if located within city? <u>215 S. Park</u>																																
2	WATER WELL OWNER: <u>USD #262</u>																															
	RR #, St. Address, Box #: City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number: <u>MW04</u>																													
	<u>215 S. Park</u> <u>Valley Center 20</u>																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																															
	N <table border="1" style="border-collapse: collapse; width: 150px; height: 150px;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> W E S DEPTH OF WELL ft. WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS: <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><u>10</u> Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes <u>7</u> No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>								NW		NE				SW		SE				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10</u> Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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5	TYPE OF BLANK CASING USED:																															
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other																															
	Grout Plug Intervals: From <u>3</u> ft. to <u>20</u> ft., From ft. to ft., From to ft.																															
	What is the nearest source of possible contamination:																															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/19/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>7/24/06</u> under the business name of <u>Larsen & Associates, Inc.</u>																															
	by (signature) <u>[Signature]</u>																															

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.